

Project Status Report as at 11-02-2013

Project: RHEA

Prepared by: Rhonwyn Cornell and Wayne Naidoo

1. Project Status

| Green | Orange | Red |
|---|---|---|
| <i>Project expected to deliver agreed scope on time and within budget</i> | <i>Project expected to deliver at least 80% of agreed scope, with less than 10% overrun on time and/or budget</i> | <i>Project in danger of delivering less than 80% of scope, and/or project time or schedule overruns expected to be greater than 10%</i> |
| | | ✓ |

2. Project general update.

- **On going urgent issues:**
 - The Facility Registry are not currently being backed up. This has been an outstanding activity on the project plan for a number of weeks. Jembi will be working with InSTEDD to push forward progress on this activity.
 - Messages are not coming into the RHIE from Ruhunda and Musha. For details please see section 4 and the site visit report (site visit report sent out seperately).
- Track 1 contracts are being developed by Cardno.
- RHEA partner organisations continue to have individual conversations with Richard regarding workplans and budgets for RHEA Track 2 activities.
- Following a number of conversations between Jembi and the MoH team Jembi is waiting on the MoH for guidance on how they would like to go about handing over the health facility implementation of the RHIE in ANC clinics. As present it is clear that the MoH will not be able to implement according to the timeline developed following the RHEA September 2012 meeting, which had the second phase of the implementation beginning at the beginning for February 2013. The revised dates for the implementation will be decided by the MoH, when they developed their project plan for implementation, and shared with the RHEA working group.

The current up-to-date project plan can be viewed at

<https://dl.dropbox.com/u/63883595/130211%20RHIE%20Project%20Plan%20Track%201/index.html>

3. Progress

3.1. Tasks Completed

- Jembi technical team conducted site visits to Ruhunda and Musha as a follow-up to the rollout of OpenMRS (1.8.3) RHEA Module Updates to the health centres. The site visits allowed the team to validate fixes and review system usage. The site visit report has been shared with the RHEA Working Group.
- The Jembi team sent out Point-of-Care and HIE Monitoring Indicator Spreadsheet to the RHEA team to review and feedback which forms input to the Remote Monitoring and Reporting Discussion that Jembi is facilitating with PIH and the MoH.

3.2. Tasks currently underway/planned for the next week

- Continued support and monitoring of the updates rolled out to Ruhunda and Musha
 - Twice weekly site analysis through follow-ups with IT managers and reports to MoH
- OpenMRS Module upgrade to 1.9 - Collaborative Testing (MoH-Jembi)
 - Appointment Module Configuration and Testing
 - RHEA Workflow Testing
- OpenMRS Patient Search Module Design (Track 2)
 - Defining what fields need to be included in search and results with MoH
 - UI Mock-up Designs
- Research into Network and System monitoring tools for the NDC Environment as well as monitoring the point of care applications. Following our conversation around this on the RHEA Working Group call two weeks ago we are trying to arrange a meeting between PIH, Jembi and the MoH to start this discussion and plan a way forward for collaboration on this.
- Development of NDC Failover Checklist and Backups to Remote Site. MoH has agreed to provide access to a remote backup-server this week as well as a health centre remote access proposal.
- Review existing help desk setup and process with MoH and work with them to define the help desk process for RHEA with an implementation plan. To be reviewed on this weeks Jembi/MoH Support Call
- Develop Generic OpenMRS HIE Component Design (Track 2)
- OpenMRS Provider Helper Module Design (Track 2)
 - Review of HDP and PWP profiles
 - UI Mock-ups of Provider Validation Screens
- Work with Gilbert and MoH team to effectively handover implementation activities on track 1 and provide technical support and mentorship
- Mentorship of MoH team regards monitoring and management of the HIE implementation. Gilbert to provide detailed feedback regarding previous Registry training that was delivered (material and delivery method). WN to review and work with RHEA team to develop improved MoH technical team support and training plan.

4. Issues

- Very few messages are coming into the RHIE from the 2 sites that are currently 'active' (Ruhunda and Musha Health Centres). The Jembi team visited both sites late last week and have identified the following issues:
 - **Ruhunda:**
NDC transaction console shows no transactions from 31/01/2013 to 06/02/2013. The last clinic that the system was used was 30/02/2013 (although there were clinics before that where staff had elected not to use the system). The key issue is that

health centre is understaffed and at the moment there is only one clinician running the ANC clinic (the system/workflow assumes 2 clinicians/people entering data). The triple entry system resulting from the introduction of the OpenMRS system slows down clinic/consultation times and increases the burden of work on the already stretched clinician. This situation has been compounded by the fact that the number of women seen at the ANC clinic has increased by around 50% (120 clients) for January 2013. In order to make the clinics manageable the head of ANC and Data entry person agreed to a back entry system – clinician would use the paper forms during clinic and then they would both back enter data after clinic. However, with both people having other commitments the back entry process hasn't happened and a backlog is being created.

- **Musha**
 - The Internet has been down for a week. The IT manager at the health centre has followed protocol and informed the District IT manager in Rwamagana but this information has not filtered through to the eHealth team in Kigali. We have raised the issue with the MoH and they are following it up. Aside from the connectivity issue the system is being used by staff in the ANC clinic (run by 3 clinicians) and messages are being stored.
- There is currently little progress being made in terms of M&E of the RHEA project. Responsibilities for the project M&E have shifted to the MoH and InSTEDD. An update in progress in this area will be added to the RHEA working group call agenda in the next few weeks.

5. Project Risks and Concerns

- With all the individual workplan and budget negotiations partners have not been kept abreast of the changes to other organisations SOW and the potential impact of these on their own work. This could lead to gaps in the project when the pieces are finally put back together. Jembi have asked partners to share their agreed workplans with them so that they can be compiled back into a single project and we are waiting on responses.
- Handover and planning for the MoH assumption of health facility implementation responsibilities will take time and are impacting on timelines as laid out in the project plan from 2012.